

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



PLEASE RETURN TO:
City of Gahanna, Service Department
Backflow Compliance
200 South Hamilton Road
Gahanna, Ohio 43230
(FAX) 614-342-4100

Customer and Property Information

PROPERTY ADDRESS: _____ Zip _____

BUSINESS NAME _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

Device Information

NEW INSTALLATION ☐ EXISTING ☐ REPLACEMENT ☐ OLD ASSEMBLY SERIAL NUMBER: _____

TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP RP DC PVB OTHER (SPECIFY) _____

MAKE OF ASSEMBLY: _____ MODEL: _____ SIZE: _____ SERIAL NO.: _____

What hazard is being isolated? (i.e. boiler, irrigation, complete building): _____

Describe location of assembly: _____

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1 st Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 st Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	_____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>			
				Outlet Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>				
Repairs & Materials Used									
Re-Test After Repairs	Outlet Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1 st Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 st Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	_____psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	AIR GAP INSPECTION: Required minimum air gap separation provided? Yes <input type="radio"/> No <input type="radio"/>		
				Outlet Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>				

Certified Tester Information

TESTER'S NAME (PRINTED): _____ CERT. NO. _____

TESTER'S COMPANY NAME: _____ PHONE _____

TESTER'S SIGNATURE _____ DATE: _____

COMMENTS: _____